



# Thresholds of Need Guide

Effective Support for Children and Families in Bedford Borough

## INTRODUCTION

This guidance is designed to help practitioners from all agencies decide which agencies could /should be involved in supporting a family based on their needs. It has been endorsed by the Bedford Borough Safeguarding Children Partnership[ (BBSCP) and should be used to help practitioners make decisions about which agency to refer to and when. The tables below give examples of what we might expect to see in families receiving services at four different tiers or levels of need. The examples are neither exhaustive nor rigid in their application, they are for guidance and should be used to enhance professional judgments and discussion about individual children and families.

As safeguarding is everyone's business it is important that roles and responsibilities are clear. These are set out in [Working Together 2018](#) and this Threshold guide is compliant with this document and in keeping with the spirit of its overarching principles.



## ACCESS TO CHILDREN'S SERVICES

Access routes to early help and social work services in Bedford Borough are outlined below. It should be emphasised that these routes are not only for referral but also for consultation and advice if practitioners are unsure if a threshold is met for a referral or not.

Referrals and requests for support can be made via the [web form](#).

Urgent referrals that require an immediate response can still be made by phoning the Integrated Front Door (IFD) on 01234 718700. Early Help Assessments should continue to be sent via email with any related paperwork to [Earlyhelphub@bedford.gov.uk](mailto:Earlyhelphub@bedford.gov.uk)

User guides which will assist you in progressing referrals or requests for support via the web form can be found by clicking on the link or on the [website](#).

The Early Help Handbook sets out the offer and evidenced based approaches used by the service. It can be found by clicking on the link or on the [website](#).

### Seeking Advice

If you are worried about a child, then please talk to your safeguarding lead within your organisation to discuss your concerns at the earliest opportunity. You can seek advice from the IFD on **01234 718700** where staff are there to discuss the most appropriate and effective way of providing or obtaining help and support for the child and their family. This will include advice and guidance about making a referral where necessary, including how to involve parents if appropriate.

### Factors to Consider Before and When Making a Referral

What support or interventions can your agency offer? Could this meet the needs of the child and their family?

What is life like for this child and their family?

What are the child's wishes and feelings?

What are the child and family's strengths and protective factors? Can they help the situation?

A child's behaviour, health or disability must be understood in the context of the parenting they are experiencing.

What support or intervention has been offered previously? Did this make a difference?

Consideration of historical information, provide a chronology with your referral.

What are the worries for this child(ren)?

Are you clear about the signs and symptoms of neglect? If so, complete a GCP2 to accompany your referral

Are you clear about the risk factors?

Have you given consideration to the child's development?

Have you considered family/environmental/community and contextual factors?

Have you considered the capacity of parents?

## OTHER CONSIDERATIONS AT THE POINT OF REFERRAL

Neglect can be particularly difficult for practitioners to recognise because there is unlikely to have been just a significant incident or event but a series of concerns over a period of time. So when taken together, using a [chronology](#) it demonstrates that the child is in need or at risk.

Children, including unborn, need adequate food, water, shelter, warmth, protection and health care in order to thrive. In considering whether or not a child has been neglected, it is important to consider the quality of care they have received over a period of time, as this could vary to the extent in which it impacts on their development.

It is also important to consider the age of the child in relation to the nature of the neglect and the length of time for which the concerns have existed. Children are neglected if the things they need are persistently not met and there are many signs (not exhaustive) as outlined below:

- A chaotic family environment which can include an absence of boundaries or routines.
- A parent/carer who has mental ill health, substance abuse and/or learning disabilities/difficulties which may impact on their ability to meet the needs of any of their children or unresponsiveness to a child's basic emotional needs.
- Inadequate parenting and/or understanding of what it means to look after a child safely including ensuring adequate supervision or using inadequate caregivers.
- Ensuring access to appropriate medical care or treatment or educational needs are met.

- Poor physical appearance, bad hygiene, lack of appropriate clothing, the child being withdrawn or exhibiting antisocial or sexualised behaviours.
- Child not meeting physical or emotional development milestones.

Children who are severely and persistently neglected may be in danger and neglect can also result in the serious impairment to their health or development. Deciding if a child is neglected can be very hard – even for a trained practitioner – and it's natural to worry that you may be mistaken. For more information about neglect [Pan Bedfordshire Procedures](#) or [NSPCC](#).

### GCP2

The Graded Care Profile 2 (GCP2) helps assess neglect and identifies strengths and difficulties across a number of child development areas. It's likely to be triggered by concerns about the care the child is getting. Neglect is the biggest area of concern for children and practitioners in Bedford Borough and across Bedfordshire and early assessment and intervention is crucial. The GCP2 gives a consistent approach to working with families where there's neglect. Across Bedford Borough many services who support children, and their families are using the toolkit to aid their work.

Training for this is provided across agency setting and can be accessed here.

**Bedford Borough based practitioners:** [click here](#)

**Luton Based practitioners:** [click here](#)

Remember we all have a responsibility to reducing Neglect as it is a priority for us all.

## Chronologies

When working with children and families their history is as important and relevant to the presenting issues being reported/assessed. There may have been similar incidents to the presenting concerns and if so, how many, and how long ago? It could be that one parent or both parents have mental health needs that are impacting on their parenting or not? Is there a history of domestic violence with either or both parents being victim or perpetrators? Have either or both parents experienced difficulties with substance misuse or involvement in criminality? If agencies have been involved before what was their response to the concerns and the outcomes of the interventions?

Consider the frequency of the risk; regular exposure can lead to gradual/cumulative harm to the child building up over time especially in cases of neglect. But also consider intensity – one incident can be very serious. Chronologies are crucial to decision-making; many case review enquiries have found that a careful chronology could have helped form an earlier, more accurate identification of risk, especially if it included input from all the agencies involved with the child and family.

For guidance places visit the [Chronologies and Genograms guidance](#).



## The Integrated Front Door (IFD)

The IFD brings together the Multi-Agency Safeguarding Hub (MASH) and Early Help Hub in one place to facilitate early, better quality information sharing, analysis and decision making to safeguard children and families more effectively.

The Early Help Hub focuses on partnership working with agencies to provide children and families with early help assessments to enable families to access services and support at the right time.

The IFD is a partnership between Bedford Borough Children's Services, Police and Community Services with virtual links to other agencies such as Housing, Mental Health, Education, Adult Services, Health Services such as GP, Health Visiting, Probation, Domestic Abuse Support Services, Youth Offending and Drug and Alcohol Services.

Any practitioner should seek consent for making a referral to the IFD with parents and where appropriate unless doing so would create a risk for the child. Further advice can be found on page 8.

When making referrals practitioners should use a combination of deliberation and professional judgement.

- Deliberation - thinking through a diverse range of possibly relevant evidence about the child/family that might indicate their strengths, needs and capacity to change.
- Professional judgement - applying knowledge, skills and expertise to determine what response is most likely to keep a child safe, create

change and to be in the best interests of the child/family. Deliberation and professional judgement must be used in the context of open and honest discussions, consultations and supervision. All practitioners need to know who they can talk to and when, why and how to consult with Safeguarding Leads in their own and other organisations.

Safeguarding children is complex and all practitioners, regardless of how experienced they are, will find themselves in situations where they need to make measured judgements about whether a child is at risk, if so from whom or what and which actions should be taken to ensure the best outcomes. Making these sorts of judgements should not be done alone. Discussions between practitioners and seeking advice, support and consultation should be something that happens regularly within and between agencies. This can take many forms and the IFD can offer informal discussion and consultation.

If at any time a practitioner is unsure what they should do, then they should seek advice and support. Sometimes this may require them to share information with other agencies and should be done in line with the principles of Information sharing. Effective sharing of information between practitioners and local agencies is essential for the early identification of need, informed decision making and service provision to keep children safe. Proportionate and relevant information may be shared without agreement if a practitioner has reason to believe that there is a good reason to do so and that the sharing of information will enhance the safeguarding of children in a timely manner.

Understand the [child's daily lived experiences](#) will help practitioners fully understand how various experiences (including abuse and neglect) impacts on children, it is necessary to identify the associated risks, unmet needs and areas of resilience and therefore to understand what life is like for them on a daily basis, in the evening, during the night, at weekends and when different people are involved in their care. So what the child sees, hears, thinks and experiences on a daily basis that impacts on their personal development and welfare whether that be physically or emotionally. Practitioners need to; actively hear what the child has to say or communicate, observe what they do in different contexts, hear what family members, significant adults/carers and practitioners say about them, and to think about history and context. Ultimately, practitioners need to put themselves in their shoes and think 'what is life like for this child right now?'

Children's experiences are often multi layered for example where they experience neglect with physical abuse and witness domestic abuse, it is likely it is not one thing in isolation. It is important practitioners are trained in the impact of the developmental trauma children experience and how it will affect all elements of their lives as they grow. Therefore all practitioners must use trauma informed practice to work with these children and their families.

### **What happens if you don't agree with decisions made and you remain concerned about a child?**

There are no absolute criteria in making judgements regarding a child's wellbeing. Most disagreements can be resolved between practitioners by having a conversation about the reasons for the difference of opinions and forego the need to implement the [Multi-Agency Disagreement](#)

[and Escalation Procedures](#). Good practice and positive communications between practitioners and other agencies underpin effective working relationships and it is anticipated that attempts to resolve disagreements will be pursued in the first instance.

#### **Practitioners are encouraged to;**

- In the first instance talk with your line manager or designated child protection lead for your organisation.
- In the written record of the conversation or your referral you have included all the relevant information and that you clearly articulated the things you are worried about.

Resolution can be achieved in most cases through good quality conversations that are constructive and a consensus reached as to next steps. However, if a Practitioner feels in their judgement a child's needs or safety are being overlooked and a resolution cannot be reached then they have a responsibility to escalate their concerns using the [Multi-Agency Disagreement and Escalation Procedures](#).

Managers and Designated Safeguarding Leads are expected to support practitioners in these discussions, especially where there is disagreement, in order to ensure a speedy resolution. Challenge must be evidence based and recorded on the child's file including what was the outcome of the discussion and has it led to a change in actions and/or additional actions.

## Consent to Referral, Assessment and Intervention

Safeguarding and child protection work should always be underpinned by principles of working together in partnership with families. In all cases where possible, consent must be sought from parents/carers to initiate assessments, intervention/support and share information as appropriate.

There are certain circumstances in which this consent or informing parents/carers of a referral is not required/not in the child's best interests. These include situations where there is:

- Suspicion that a child will be [forced into marriage](#) or removed from the country against their will
- Suspicion that a child is at risk of [female genital mutilation](#), [honour based abuse](#) or [abuse linked to faith, or culture](#)
- There is a disclosure of [child sexual abuse](#)
- Perplexing [Presentations & Fabricated and Induced Illness/Disorders](#) is suspected
- If the child/young person is at [immediate risk of harm](#)

Practitioners cannot mandate parents/carers to undertake assessments or accept services but a refusal to cooperate may raise further concerns and escalate the level of risk of significant harm to the child.

## Recording and Information Sharing

Appropriate, accurate and timely records must be kept of all contacts with children and their families. Practitioners should use their professional judgment when making decisions on what information to share and when and consideration should be given as to whether or not sharing information is likely to safeguard and protect a child.

## Non-Engagement & Resistant Families

The quality of the relationship between practitioners and the family has a significant impact on the effectiveness of this engagement. Practitioners in

Bedford Borough aim to work effectively with children and their families, to hear and act upon their voice.

Safeguarding and child protection work should always be done in partnership with families when a child's welfare is concerned. It needs to be recognised that not all parents/carers will agree with concerns identified by practitioners and they may refuse an Assessment, Child in Need support or to participate in a Team around the Family. If this refusal is likely to lead to the child being at risk of significant harm, then the matter may be dealt with under child protection procedures.

Persistent non-engagement with services by families leads to an incomplete picture of the child's welfare. Under these circumstances the practitioners involved can hold a [Multi-Agency Stop and Review](#) meeting to decide the level of concern and plan a response to promote the child's welfare. The purpose of the meeting is to share concerns and consider what information is or is not available. It is also important to consider whether a particular agency has a better relationship with the family and could take the role as [Lead Practitioner](#) in engaging with them.

Whilst this multi-agency guidance refers to STOP and REVIEW meetings Bedford Borough Children's Social Care call these Complex Case Discussions. These are a forum providing an opportunity for multi-agency practitioners involved with the child and family to come together to discuss and review the complexities of cases and identify options and solutions.

The meeting should develop a work plan to ensure the safety of the child and practitioners involved. It will also identify who is going to visit the family, what information needs to be obtained and how that information will be shared and when. A subsequent meeting will need to review the effectiveness of the work plan. For more information, view the [Hard to Engage Families: Working Effectively with Resistance, Hostility or Disguised Compliance](#) and accompanying guidance.



## FEATURES OF EACH LEVEL

### Level 1: Universal

All children use universal services which include schools, health care including health visitors, GPs, housing, and other easily accessed services. At this level, children would be expected to do well with minimum intervention from any additional services.

#### Features

##### **Child with no additional needs**

Children whose developmental needs are met by universal services

##### **Key universal services that may provide support at this level**

- Schools and nurseries
- Children's Centres
- Early Years Settings
- Health Visiting Service
- School Nursing
- GP
- Young People's Service
- Housing
- Voluntary and Community Sector

### Level 2: Early Help and Targeted Services

At Level 2, children and their families will need additional help to prevent problems escalating and becoming more difficult to resolve. The help may come from specialist school staff, health services, children's centres or early help teams in the local authority.

#### Features

These children may require extra support in order to promote their welfare and well-being and to prevent their needs from becoming more complex or acute.

##### **Key agencies that may provide support at this level**

- Early Help Services
- Children's Centres
- Early Years Services
- Health Visiting Services
- School Nursing
- Educational Psychology
- Mental Health and Substance
- Misuse Services
- Voluntary and Community Sector
- Inclusion Support Service
- Education Welfare Service

## Level 3: Children and Families with Complex Needs

Children and families at this level will be facing complex problems which will require an co-ordinated response. Children at this level, sometimes described as children 'in need' may be seen to be at risk and without support their development may be impaired. A number of agencies may be involved to help families at this level including: local authority early help or children's social care; youth offending services; children's centres; child and adolescent mental health services (CAMHS); health services including health visitors, GPs and mental health services; specialist education staff; family coaches.

### Features

#### Children with complex or multiple needs

These children require integrated targeted support, without which their health (physical and emotional) and development may be significantly impaired. Without support the family are likely to become acute (level four)

#### Child in need:

These children may be eligible for a child in need service from Children's Social Care and are at risk of moving to a high level of risk if they do not receive early intervention. These may include children who have been assessed as 'high risk' in the recent past, or children who have been adopted and now require additional support. If a social worker is allocated they will act as the Lead Practitioner.

### Key agencies that may provide support at this level

- Early Help and Intervention Service
- Children's Social Care
- Youth Offending Service
- Mental Health and Substance Misuse Services
- Educational Psychology
- Primary Inclusion Development Service
- Community CAMHS (Tier 2, Tier 3)
- Health Services including
  - Health Visiting
  - School Nursing
  - Community Paediatrics
  - Community Children's Nurses
  - Community Nurses
  - Specialist School Nurses
- Voluntary and Community Services
- Education Health and Care Plans and SEND Team

### Support may also be offered by other agencies detailed in level two



## Level 4: Children with Acute Needs

Children at this level will be at risk of harm and may be subject to child protection enquiries, taken into the care of the local authority or need specialist mental health intervention. Children's Social Care services will take the lead in safeguarding children and coordinating services for children at this level. The agencies involved might include any of those working with children at all levels. The Children Act 1989, defines all children who are disabled as children in need. Some children and young people that are legally defined as disabled, may require specialist level 4 intervention which includes Bedford Borough Council Children with Disabilities Service. For many children with disabilities their needs can be met by alternative provisions. It is the duty of every local authority to undertake an assessment of their needs.

### Features

#### Child Protection

#### Child experiencing or at risk of experiencing significant harm

These children require statutory integrated support. Children at this level would require statutory interventions such as child protection investigations or legal interventions in order to safeguard and promote their welfare. These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.

#### Key agencies that may provide support at this level:

- Children's Social Care
- Early Help and Intervention Service
- Youth Offending Service

- Mental Health and Substance Misuse Services
- Educational Psychology
- Relevant Health Services
- Education Health and Care Plans and SEND Team
- Specialist Educational Placements

#### Support may also be offered by other agencies detailed in level two and three.

- Inclusion Support Team
- Child and Adolescent Mental Health Services
- Education Welfare Service



## EXAMPLE INDICATORS

### Level 1: Universal Example Indicators

#### Child Development Factors

##### Learning and education

- Achieving key stages.
- Good attendance at school, college and training

##### Health

- Good physical health and emotional wellbeing.
- Registered with a GP and a dentist.
- All health checks and immunisations are up to date.

##### Social, emotional, behavioural and identity

- Positive and safe relationships with peers.
- Secure early attachments are formed, child is confident in social situations.
- Responds appropriately to boundaries and guidance.
- Positive sense of self and abilities.

##### Family and social relationships

- Stable family where care givers are able to meet the child's needs.
- Good relationship with siblings and peers.

##### Self-care and independence

- Growing level of competencies in practical and emotional skills (e.g. feeding, dressing, developing age appropriate independent living skills).

#### Family and Environmental Factors

##### Family, history and well-being

- Stable and supportive family relationships.

##### Housing, employment and finance

- Child fully supported financially.
- Suitable housing.

##### Social and community resources

- Good social and friendship networks.
- Safe and secure environment.
- Access to positive activities.

#### Parenting Factors

##### Basic care, safety and protection

- Parents able to meet child's physical needs.
- Parent protects from danger or significant harm in the home and elsewhere.

##### Emotional warmth and stability

- Parents or carers provide secure and caring parenting.

##### Guidance, boundaries and stimulation

- Parents provide appropriate guidance and boundaries to help child develop holistically.
- Facilitates cognitive development through interaction and play.

## Level 2: Early Help and Targeted Services

### Example Indicators

#### **Child Development Factors**

##### **Learning and education**

- 90% attendance (Persistent Absentee), occasional truanting or non-attendance and poor punctuality at school.
- Poor links between home and school resulting in the child not being supported to reach their educational potential.
- Developmental delay.
- Not in Education Employment or Training (NEET) post 16.
- Mild learning or behavioural difficulties emerging, poor concentration, lack of interest in education and other school activities.

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##### **Health**

- Slow in reaching developmental milestones.
- Mild or specific learning disability.
- Missing immunisation or checks, minor concerns regarding health, diet, hygiene and clothing.
- Inadequate, limited or restricted diet e.g. no breakfast, no lunch money; being under or over weight.
- Unnecessary or frequent visits to GP or unplanned care settings e.g. Emergency Department.

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##### **Social, emotional, behavioural and identity**

- Low level mental health or emotional issues requiring intervention

- Difficulties with peer group, family or other relationships.
- Child missing from home: repeated incidents.
- Vulnerable to emotional problems in response to life events such as parental separation or bereavement.
- Low self-esteem, lack of confidence, suffering from anxiety or withdrawn. Can be overly friendly or withdrawn with strangers.
- Difficulties in expressing empathy, understanding impact of action on others or taking responsibility for actions.
- Victim or perpetrator of bullying or discrimination.
- Early sexual activity (under 13/14 years).
- Experimentation with tobacco, alcohol or illegal drugs.
- Early onset of offending behaviour or activity and coming to the notice of the police because of this behaviour (10 – 14 years).

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##### **Self-care and independence**

- Lack of age appropriate independent living skills that increase vulnerability to social exclusion.

#### **Family and Environmental Factors**

##### **Housing, employment and finance**

- Overcrowding.
- Families affected by low income or unemployment.
- Serious debts/poverty which impact on ability to have basic needs met.

### Family and social relationships

- There is domestic abuse, coercion or control in the home.
- Child displays regular physical violence towards parents.
- Child affected by difficult family relationships or bullying.
- Parent or carer has physical, learning difficulties/disabilities or mental health difficulties that may affect the child.
- Child is a young carer.

### Social and community resources

- Insufficient facilities to meet need e.g. transport or access issues.
- Family requires advice regarding social exclusion.
- Family has limited support or is new to the area.
- Child is associating with anti-social or criminally active peers.
- Limited access to contraceptive or and sexual health advice, information and services.

### Parenting Factors

#### Basic care, safety and protection

- Inconsistent care (inappropriate child care arrangements or young inexperienced parent).
- Parental learning disability/difficulty, parental substance misuse or mental health which may be impacting on parent's ability to meet the needs of the child.
- Child is at risk of female genital mutilation, forced marriage, honour based abuse, modern day slavery, human trafficking, abuse or other harmful traditional/cultural practices linked to faith and/or culture.

### Emotional warmth and stability

- Inconsistent parenting including emotional availability but development not significantly impaired.
- Post natal depression or persistent low mood which affects the child.

### Guidance, boundaries and stimulation

- Parents have inconsistent boundaries or lack of routine in the home
- Lack of response to concerns raised regarding child.
- History of parenting difficulties with siblings, e.g. exclusion from school, involvement in substance misuse.



## Level 3: Children and Families with Complex Needs

### Example Indicators

#### Child Development Factors

##### Learning/education

- Chronic or poor nursery/school attendance/punctuality (less than 90%).
- Poor engagement by the parents with the nursery or school and/or no parental support for their child's education.
- Short term exclusion or at risk of permanent exclusion, persistent non attendance or no education provision.
- Statement of Special Education Needs or on-going difficulty with learning and development.
- No access to books, toys or education materials.
- Not in education (under 16).

##### Health

- Disability requiring specialist support to be maintained in mainstream setting.
- Developmental milestones are unlikely to be met, failure to thrive, concerns about weight, dental decay, and language development delays.
- Child has some chronic/recurring health problems for example obesity: not treated or badly managed/missed appointments.
- Unsafe sexual activity, teenage pregnancy/smokes/uses illegal substances.
- Teenager who is pregnant or who is a parent where there are additional concerns or vulnerabilities.

##### Social, emotional, behavioural and identity

- Parental care arrangements for the child are compromising their care and safety.
- Significant poor peer relationships/difficult sustaining relationships/issues of attachment/isolation.
- Appears regularly anxious or with low self-esteem, significantly impacting on all relationships.
- Mental health issues emerging requiring specialist intervention.
- Subject to persistent discrimination or harm from crime.
- Persistent disruptive/challenging/high risk behaviour at school, home or in the neighbourhood which is unresponsive to level one and two interventions (e.g. running away, underage sex, problematic and escalating drug use).
- Concerns regarding behaviour development and the development of appropriate social skills.
- Starting to commit offences or coming to notice of the police on a regular basis/re-offend/victim of crime.
- School Attendance less than 90% reaching threshold for Education Welfare Services pathway, received a fixed penalty/notice or warning.
- Evidence of disregard to risk.
- Gang affiliation.
- Repeated incidents of missing from home, care or school.

##### Self-care and independence

- Parents prevent effective intervention and/or there is a significant impairment of self care and independence skills across a range of tasks.

## Family and Environmental Factors

### Family and social relationships and family well-being

- Acrimonious divorce/separation where there is significant and long lasting impacts on the child.
- Risk of relationship breakdown between the parents and the child that is likely to lead to the child/ren entering care.
- Privately fostered children.
- Persistent relationship difficulties.
- Family has poor relationship with extended family/no support network.
- [Parental Conflict \(RPC\)](#) entails poorly regulated arguments between parents which may adversely impact on children's self-esteem, confidence general emotional wellbeing. If left unmanaged, these arguments may escalate into domestic abuse (involving tier 4 services)

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### Housing, employment and finance

- Family requires support services as a result of social exclusion or no access to local facilities.
- Housing conditions impacting directly on children, including severe overcrowding, health and safety for example; fire risks, [hoarding](#).
- Child has significant indicator of neglect and a completed GCP2 indicates serious concerns.
- Children are experiencing frequent moves.
- Parents or carers have been assessed as intentionally homeless/homeless unaccompanied minors.
- Extreme poverty impacting directly on welfare of children. For example: Households who have to go without two or more essentials in the past

month because they couldn't afford them, or if their income is extremely low. Essentials are defined as having a home, food, heating, lighting clothing, shoes and basic toiletries.

- A child who presents as homeless.

## Parenting Factors

### Basic care, safety and protection

- The parents have not engaged with early help services and their physical care and supervision of the child is inadequate and places the child at risk.
- Parental learning disability/difficulty, substance misuse, mental health or lifestyle which is impacting on parent's ability to meet the needs of the child.
- Child is at risk of female genital mutilation, forced marriage, honour based abuse, modern day slavery, human trafficking, abuse or other harmful traditional/cultural practices linked to faith and/or culture.

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### Emotional warmth and stability

- Early Help interventions have not been engaged with or sustained. and the inconsistent parenting is impairing the child's emotional or behavioural development.



## Level 4: Children with Acute Needs

### Example Indicators

#### Child Development Factors

##### Learning/education

- Severe absentee <50% recorded attendance , truanting/no parental support for education.
- Permanently excluded, frequent exclusions or no education provision.
- Severe and complex learning difficulties requiring specialist educational provision.

##### Health

- Children with significant impairment of function/learning and/or life limiting illness. These children will not usually be in a mainstream setting. The child's health will have a significant impact on the family's ability to function..
- Serious physical and emotional health problems.
- Refusing medical care placing child's health and development at significant risk.
- Persistent and high risk substance misuse/dangerous sexual activity and/or early teenage pregnancy/sexual exploitation/ sexual abuse/self-harming.
- Non-accidental injury.
- Female genital mutilation, forced marriage, honour based abuse, modern day slavery, human trafficking, abuse or other harmful traditional/ cultural practices linked to faith and/or culture..

#### Social, emotional, behavioural and identity

- Subject to or at risk of physical, emotional or sexual abuse or neglect.
- Severe emotional/behavioural challenges resulting in serious risk to the child and others.
- Goes missing for long periods of time or on a frequent basis.
- Victim of sexual abuse, exploitation and underage sex which is considered abusive.
- Sexual exploitation of a child including forced involvement in sexual activity.
- Forced marriage of a child.
- Challenging behaviour resulting in serious risk to the child or others.
- Complex mental health issues requiring specialist intervention including in-patient treatment.
- Failure or rejection to address serious (re)offending behaviour, as well as being part of a gang.
- Young person experiencing current harm through their use of substances.

#### Self-care and independence

- Severe lack of age appropriate independent living skills likely to result in significant harm e.g. bullying, isolation, inappropriate self-presentation.

#### Family and Environmental Factors

##### Family and social relationships and family well-being

- Parents are unable to care for the child.
- Physical, emotional, sexual abuse or neglect.
- Children who need to be looked after outside of their own family.

### **Housing, employment and finance**

- No fixed abode or homeless or imminently homeless/housing conditions are posing a serious to the health and welfare of the child and their parents.
- Family with a lack of access to finance and living in extreme poverty.

### **Social and community resources**

- Child or family at immediate risk due to harassment or discrimination.

### **Parenting Factors**

#### **Basic care, safety and protection**

- Level 4 of the Barnardo's Domestic Violence Matrix
- Parents unable to provide 'good enough' parenting placing child's development at significant risk.
- Little or no improvement in parenting despite professional interventions.
- Parents are believed to have caused physical injury to a child.
- Chronic and serious domestic violence directly or indirectly involving a child.
- Where previous children are no longer in the care of the parents due to parental concerns.
- Parental non-compliance where the child is at significant risk of harm.
- Parents involved in crime unable to restrict access to home by dangerous adults.

### **Emotional warmth and stability**

- Evidence of emotionally abusive relationships placing child's development at significant risk.

### **Guidance, boundaries and stimulation**

- An absence of effective parental boundaries placing child's development at significant risk.
- Child beyond parental/carer's control/offending/has no one to look after them.
- Parent displays or condones serious anti-social behaviour within the community.



## ASSESSMENT PROCESS

<p><b>Level 1 Universal</b></p>	<p>Children should access universal services in a normal way using each services referral processes</p>
<p><b>Level 2 Early Help and Targeted Support</b></p>	<p>Practitioners can refer to services with the consent of their parents / carers. Practitioners should also seek consent of children who are aged over 12 and competent to make a decision in respect of any referrals or interventions. (the Information Commissioners office states that anyone over the age of 12 can give consent for their information to be processed).</p> <p>Ensure that where consent is not given to a referral, Early Help Assessment or Level 2 support, all agencies must consider whether the subsequent lack of assessment and support is likely to impact on the child and/or cause them significant harm.</p> <p>Where the problems or needs are more complex, practitioners should offer to complete an Early Help Assessment (EHA) with the family. Further information in regard to Early Help forms etc. can be found here for the relevant local authority.</p> <p>Where there is more than one service working alongside a child and family, it is helpful for the family and involved services to hold a Team Around the Family (TAF) meeting, to share information and co-ordinate intervention under TAF Plan.</p> <p>The TAF Plan remains the responsibility of Lead Agency/Practitioner to retain and review, in accordance with <a href="#">Early Help procedures</a>.</p> <p>A copy of the completed TAF Plan should be given to all family members that were involved, including children (age and understanding permitting).</p>

**Level 3**  
**Children and Families**  
**with Complex Needs**

Prior to requesting services at level 3, practitioners are expected to have worked together with the family to meet the additional needs of the child and their family using an Early Help Assessment and Team Around the Family meetings. In some cases practitioners will need to take immediate action because of risk of significant harm.

Where practitioners identify that a child and/or family require additional support or intervention then they may complete an Early Help Assessment or update the TAF Plan.

Practitioners may consult with their Early Help Professional or their own safeguarding lead for advice and guidance. Following this a practitioner may wish to consult the IFD if they assess the child/ren may need statutory services and intervention.

It is important to note that level 3 services does not automatically mean that statutory services will be provided by Children's Social Care. The only time this will occur is when there is evidence that the child's, safety, health or development is likely to be significantly impaired or the child is unlikely to achieve or maintain , or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by the Local Authority.

Practitioners and agencies should continue to work with resistant / hard to engage families. A lack of parental engagement alone does not mean the threshold for intervention by Children's Social Care is met. In order for this threshold to be met there should be evidence that the lack of parental engagement is significantly impacting on the child's safety and/or needs.

Ensure that where consent is not given to a referral, Child and Family Assessment or Level 3 support, all agencies must consider whether the subsequent lack of assessment and support is likely to impact on the child and/or cause them significant harm.

**Level 4  
Children with  
Acute Needs**

The Children Act 1989, defines all children who are disabled as children in need. Some children and young people that are legally defined as disabled, may require specialist level 4 intervention which includes Bedford Borough Council Children with Disabilities Service. For many children with disabilities their needs can be met by alternative provisions. It is the duty of every local authority to undertake an assessment of their needs.

Where there is concern for the welfare and safety of a child and a practitioner is unsure on the most appropriate service pathway to take, they must consult with their own manager/safeguarding lead in the first instance. Following this a practitioner may wish to consult the IFD if they assess the child/ren may need statutory services and intervention.

Practitioners in all agencies have a responsibility to submit a safeguarding referral if the child/ren has:

- suffered significant harm – child protection
- Is likely to suffer significant harm – child protection

Children's Social Care must make enquiries under section 47 of the Children Act 1989, to determine whether a child is suffering or is likely to suffer significant harm. Please follow the [Pan Bedfordshire Child Protection Enquires procedures](#).

Please see the Pan Bedfordshire consent guidance for a referral to children's social care should be obtained unless to do so would compromise the safety of the child/ren. Referring practitioners should make their rationale clear as to why they have not sought consent when making the referral. The [Pan Bedfordshire suite of Information Sharing](#) guidance for all referrals.

If a child is considered to be at IMMEDIATE risk of significant harm practitioners should contact the Police and telephone the IFD immediately on 01234 718700. Or contact the Emergency Duty Team if out of hours on 0300 300 8123. Referrals must be followed up in writing within 24 hours.

Children's Social Care will not accept any referrals without clear and explicit consent unless to gain consent would place the child at significant risk of harm.

## Finding out more

If you would like further copies, a large-print copy or information about us and our services, please contact us at our address below.

Për Informacion

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Za Informacije

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Per Informazione

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